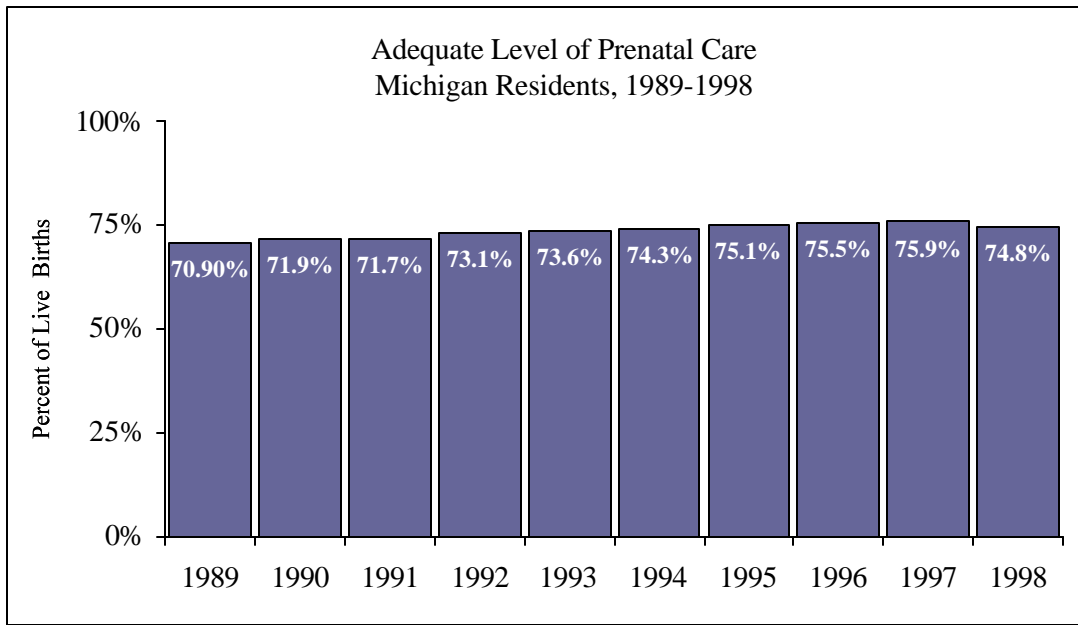


**Focused Indicators**  
**Preventive Health Care**  
*Adequacy of Prenatal Care*



Source: Division for Vital Records and Health Statistics, MDCH

***How are we doing?***

Adequate prenatal care, which includes initiating care in the first trimester and receiving regular care until delivery, can be an indicator of access to care and may result in fewer birth complications and healthier babies. The effect of early prenatal care is strongest for high-risk groups such as teens and low-income women.

The Kessner Index is a standard measure of prenatal care based on information obtained from birth certificates. It combines information on the month prenatal care began, the gestational age at birth, and the number of prenatal visits.

In 1998, 74.8 percent of live births in Michigan were to mothers with an adequate level of prenatal care, 15.1 percent were to mothers with an intermediate level of care, and 9.6 percent were to mothers with an inadequate level of care. The percent of mothers with adequate levels of prenatal care has been gradually increasing over the past 10 years from 70.9 percent in 1989 to 74.8 percent in 1998.

## ***How does Michigan compare with the U.S.?***

The percent of live births to mothers with an adequate level of prenatal care in Michigan is similar to the U.S. In 1995, the most recent year for which national figures are available, 74.3 percent of mothers received adequate levels of prenatal care in the U.S.

## ***How are different populations affected?***

Women 30-39 years of age are most likely to receive adequate levels of prenatal care while women under the age of 20 are least likely to receive adequate levels of prenatal care. African-American women are least likely to receive adequate levels of prenatal care (57.2%) compared to whites and other races (79.0% and 73.3%, respectively). African-American women are two to three times more likely to experience inadequate levels of care when compared to other women.

## ***What is the Department of Community Health doing to affect this indicator?***

The department is actively working to improve the quantity and quality of prenatal care. Local Maternal and Infant Health Advocacy Services (MIHAS), through contracts with the department, provide outreach to pregnant women who are not in prenatal care or are at risk of discontinuing care. The programs=peer advocates assist women to obtain and keep prenatal, other health care, and social support service appointments that help women cope with problems affecting their pregnancy. The department certifies and monitors Maternal Support Services (MSS) which offers professional support services by nurses, social workers, and nutritionists.

Medicaid managed care contracts require continuity of care for pregnant women. If a pregnant women is enrolled in a Medicaid managed care plan, she is guaranteed access to her current prenatal care provider until delivery, even if the provider is not participating with the health plan in which she is enrolled. The department also provides prenatal and perinatal testing services that aid in the diagnosis of life threatening maternally-transmitted infectious diseases. Appropriate treatment can be rendered through testing and accurate diagnosis.

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